

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024870

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 160
FILED JUN 19 1963

Primary Registration District No. 559v Registrar's No. 89

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY JEFFERSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HERCULANEUM | | Length of stay in lb | c. CITY OR TOWN HERCULANEUM |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 228 HILL ST. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 228 HILL ST. |
| 3. NAME OF DECEASED (Type or print) First ROBERT Middle M. Last LEGRAND | | 4. DATE OF DEATH Month JUNE Day 7 Year 1963 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH FEB. 4, 1923 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 40 |
| 13a. FATHER'S NAME ERNEST LEGRAND | | 13b. MOTHER'S MAIDEN NAME BEULAH HUDDLESTON | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) YES | | 14. NAME OF HUSBAND OR WIFE UNKNOWN | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Asthma, bronchial DUE TO (c) | | 17. INFORMANT GLENWOOD LEGRAND Address 87C HUBER ST. FESTUS, MO. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | |
| 21. I attended the deceased from Apr 12, 62 to Dec 18, 62 and last saw her alive on Dec 18, 62 | | 22c. DATE SIGNED 6/9/63 | |
| 22a. SIGNATURE (Deedee or title) Bertalan Balogh, Jr. | | 22b. ADDRESS Festus, Mo. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE JUNE 19, 1963 | 23c. NAME OF CEMETERY OR CREMATORY HERCULANEUM | 23d. LOCATION (City, town, or county) HERCULANEUM MISSOURI |
| 24. FUNERAL DIRECTOR James R. Cady ADDRESS Crystal City, Mo. | | 25. DATE RECD. BY LOCAL REG. 6-10-63 | |
| 26. REGISTRAR'S SIGNATURE James G. Fegda | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James Richard Cady

Licensed Embalmer No. 4309

P. O. Address CRYSTAL CITY, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.